IPDR6702				NORTH CAROLINA		PAGE:	1	
	12/20/2004			CHECKWRITE SUMMARY REPORT				
			CH	ECKWRITE DATE: 12/22/2004				
		1	1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2101001		0505	1007					
3404901	SMOKY MOUNTAINM	8505	1027	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			112 200012				
		8599	458	DETAIL NOT COVERED BY COMBINAT	102	1745	1939	194
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	102	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404902		0	0	*** NO DATA TO REPORT ***				
3404902	BLUE RIDGE COMM UNITY	0	0	NO DATA TO REPORT				
	UNITI							
		0	0		C	0	0	0
3404904	MECANDAL HARMAN	8599	4206	DETAIL NOT COVERED BY COMBINAT		1		
	WESTERN HIGHLAN DS LME			ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.				
		167	236	NO CHARGE BILLED. ENTER BILLED	78	4830	11212	6382
				AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
				A AVAITY SQUAREARY				
		8000	122	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404905		0	0	*** NO DATA TO REPORT ***				
3404303	TREND COMM MENT AL HLTH CTR			NO DITT TO ABLOW				
	AL HEIR CIK							
		0	0		C	0	0	0
3404907	DUMURDRODD DOLL	0	0	*** NO DATA TO REPORT ***				
	RUTHERFORD-POLK							
ļ		0	0		C	0	0	0
3404910	PATHWAYS	8599	294	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
 		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	60	606	6175	5568
	1							
				DATE				
				DATE				
		21	57	DUPLICATE OF CLAIM-SYSTEM				
		21	57					
		21	57					
3404912	CATAMRA COMMUNA	21	57	DUFLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM		57					
3404912	CATAMBA COUNTYM ENTAL HEALT		57	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE				
3404912		11	57	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912			57	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INELIGIBLE TO RECEIVE SE	21	50	336	286
3404912		11	21	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE		50	336	286
3404912		11	21	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INELIGIBLE TO RECEIVE SE		50	336	286
3404912		11	21 12	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTINC INELIGIBLE TO RECEIVE SE		50	336	286
3404912		11 8931	57 21 12	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.		50	336	286
3404912		11 8931	57 21 12 5	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTINC INELIGIBLE TO RECEIVE SE		50	336	286
	ENTAL HEALT	11 8931	57 21 12	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.		50	336	286
3404912	ENTAL HEALT	11 8931	57 21 12 5	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTINC INELIGIBLE TO RECEIVE SE		50	336	286
	ENTAL HEALT	11 8931	57 21 12 5 5	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.		50	336	286
	ENTAL HEALT	11 8931	57 21 12 5	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.		50	336	286
	ENTAL HEALT	11 8931	57 21 12 5 0 0	DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE AMTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.		50	336	286

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916		8517	157	CLAIMS DENIED, SUBMITTED BEYON				
3404310	CROSSROADS BEHA VIORAL HEAL	0317	137	D FILING TIMELIMIT. JULY				
	VIORAL REAL			THROUGH APRIL DOS MUST BE SUBM				
		8518	31	CLAIM DENIED, SUBMITTED BEYOND	2	244	3153	2909
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	21	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	49	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8931	45	AMTNC INELIGIBLE TO RECEIVE SE	52	142	1230	1088
-				RVICES IN IPRS.	32	142	1230	1000
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
		1		DATE	1	1		
					-	 		
3404918	ROCKINGHAM CO M	11	95	CLIENT NOT ELIGIBLE ON SERVICE		-		
	ENTAL HEALT			DATE		1		
		<u> </u>						
		8599	59	DETAIL NOT COVERED BY COMBINAT	4.5	234	1048	814
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8599	200	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				and the second s				
-		8931	33	AMTNC INELIGIBLE TO RECEIVE SE	53	283	1192	909
				RVICES IN IPRS.				
		0022	12	CAMBUG TARRESTORE NO PROPERTY OF				
		8932	17	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				TOTAL THE TANK				
3404920	ALAMANCE CASWEL	8505	1508	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		0500	289	DETAIL NOT COVERED BY COMBINAT				
		8599	209	ION OF RECIPIENT, PROVIDER AND	2	1947	3718	1771
				BENEFIT PACKAGE.				
-								
		11	33	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404921		5312	375	PRIOR AUTHORIZED DOLLARS EXCEE	-	 		
	ORANGE PERSON C HATHAM AREA			DED	+	 		
	DATEM AREA					-		
						1		
		21	201	DUPLICATE OF CLAIM-SYSTEM	18	866	4285	3416
		8599	81	DETAIL NOT COVERED BY COMBINAT		-		-
	1			ION OF RECIPIENT, PROVIDER AND	+	 		
	1			BENEFIT PACKAGE.	1	 		
3404922	THE DURHAM CENT	8599	1670	DETAIL NOT COVERED BY COMBINAT				
3404922	THE DURHAM CENT	8599	1670	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404922		8599	1670	DETAIL NOT COVERED BY COMBINAT				
3404922				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922		3599 143	1670	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	11	2603	13014	10411
3404922				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	2603	13014	10411
3404922				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	11	2603	13014	10411
3404922				DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT ID NUMBER DOES NOT MATC	11	2603	13014	10411
3404922		143	671	DETAIL NOT COVERED BY COMBINAT LOW OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	11	2603	13014	10411

PROVIDER		HTOH DENTAT	WINDER OF				TOTAL	TOTAL
NUMBER	DROUTDER MANE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NORDEK	PROVIDER NAME	EOBS	DENTALS	DESCRIFTION	DENIALS	DENIALS	FINALIZED	PAID
3404923	VGFW AREA AUTHO	8599	323	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	384	1889	1475
				DATE				
		8518	15	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404925	SANDHILLS CENTE	8599	2256	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD			BENEFIT PACKAGE.				
		8517	372	CLAIMS DENIED, SUBMITTED BEYON	156	3819	18269	14450
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	255	DUPLICATE OF CLAIM-SYSTEM				
	+				+			
	+			+	+			
3404926	SOUTHEASTERN RE	11	235	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		120	0.2	OLITHAM TO MINDED MIGGING OF THE				
	+	120	83	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	49	598	2885	2287
				AS A NEW CLAIM				
				THE PARTY CANADA				
		8599	56	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8599	392	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DESTRUCTION OF THE PROPERTY OF				
		8505	94	CLAIM DENIED DUE TO INSUFFICIE	0	576	4005	3429
				NT BUDGET		370	4003	542.
		27	31	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
				CORRECT DIAGNOSIS CODE AND SOB				
3404929	LEE HARNETT MH/	8599	152	DETAIL NOT COVERED BY COMBINAT				
	DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	39	CLIENT NOT ELIGIBLE ON SERVICE	0	199	306	107
	+			DATE	+			
	+				-			
	+	143	3	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
_								
3404930	JOHNSTON COUNTY	8599	31	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+			DENEFIT FACKAGE.				
	+	11	28	CLIENT NOT ELIGIBLE ON SERVICE				0.11
	+		-	DATE	0	59	877	818
				+				
3404931	WAKE CO HUM SVC	23	4	SERVICE REQUIRES PRIOR APPROVA				
	BILLING OF			L				
				1				
	+	191	2	CLIENT ID NUMBER DOES NOT MATC	-	-	-	
	+		-	H PATIENT NAME	- 0	6	8	2
				+				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
3404932	LLS CO MH C							
					1	l	l	1
		0	0					
		0	0		0	0	0	C

PROVIDER NUMBER							TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8599	145	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0.001	E A	CO DECEMBER A PRICE AND MODER				
		8621	34	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	21	291	3526	3235
				FOR ADDITIONAL SERVICE.				
				TON INDITIONING BENVIOLE.				
		8000	34	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404934	ONSLOW COUNTY B	8599	31	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2.2	DUPLICATE OF CLAIM-SYSTEM				
		2.1	23	DOFBICKIE OF CDAIN-3131EN	3	79	537	458
		8621	8	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
					ļ			
	1	0	n		1	1		
		~	~		0	0	0	0
					 			
3404936	WILSON-GREENE M	21	11	DUPLICATE OF CLAIM-SYSTEM	 			
	WILSON-GREENE M ENTAL HEALT							
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE	9	25	621	596
				RVICES IN IPRS.				
		0500	2					
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFIT PACAGE.				
	EDCECOMPE VIACU	8505	36	CLAIM DENIED DUE TO INSUFFICIE				
3404937	EDGECOMBE NASH							
3404937	MNTL HLTH C			NT BUDGET				
3404937								
3404937		21	34		2	113	2224	2111
3404937				NT BUDGET	2	113	2224	2111
3404937				NT BUDGET	2	113	2224	2111
3404937		21	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM	2	113	2224	2111
3404937				NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON	2	113	2224	2111
3404937		21	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY	2	113	2224	2111
3404937		21	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON	2	113	2224	2111
	NOTE HETE C	21 8517	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	113	2224	2111
3404938	NOTE HITH C	21	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTD PR	2	113	2224	2111
	NOTE HETE C	21 8517	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	113	2224	2111
	NOTE HITH C	21 8517	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTD PR	2	113	2224	2111
	NOTE HITH C	21 8517	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI	2	113	2224	
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	2			
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI	2			
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR GV/PCOBE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	2			
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	2			2111
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR GV/PCOBE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	2			
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR GV/PCOBE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	2			
	NOTE HITH C	21 8517 5404	34	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR GV/PCOBE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	2			
3404938	NOTE HITH C	21 8517 5404 24	22	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTD PR GV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM	2			
3404938	NOTE HITH C	21 8517 5404 24	22	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	2			
3404938	NOTE HITH C	21 8517 5404 24 21 8599	22	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2			
3404938	NOTE HITH C	21 8517 5404 24	22	NT BUDGET CUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	2			
3404938	NOTE HITH C	21 8517 5404 24 21 8599	22 10 4	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 8599	22 10 4	NT BUDGET CUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 21 8599	22 10 4	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 8599	22 10 4	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMEINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 21 8599	22 10 4	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY TRROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 21 8599	22 10 4	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMEINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 21 8599	22 10 4	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY TRROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	2	19	465	446
3404938	NOTE HITH C	21 8517 5404 24 21 8599	22 22 10 4 4 1	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	19	465	446
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3404938	NOTE HATH C	21 8517 5404 24 21 21 8599	22 22 10 4 4 1	NT BUDGET CUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE	2	19	465	446
3404938	NOTE HATH C	21 8517 5404 24 21 8599	22 22 10 4 4 1	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FICE COMEINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DETAIL NOT COVERED BY COMBINAT CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINED CLIENT NOT ELIGIBLE ON SERVICE DATE DATE	2	19	465	76
3404938	NOTE HATH C	21 8517 5404 24 21 21 8599	34 22 10 4 4 11 50 12	NT BUDGET OUFLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	19	465	76
3404938	NOTE HATH C	21 8517 5404 24 21 21 8599	34 22 10 4 4 11 50 12	NT BUDGET DUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FICE COMEINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DETAIL NOT COVERED BY COMBINAT CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINED CLIENT NOT ELIGIBLE ON SERVICE DATE DATE	2	19	465	76
3404938	NOTE HATH C	21 8517 5404 24 21 21 8599 11	22 10 10 4 4 1 1 12 8 8	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT INNOUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2 2 2 54	19	465	446
3404938	NOTE HATH C	21 8517 5404 24 21 21 8599	34 22 10 4 4 11 50 12	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN	2	19	465	76
3404938	NOTE HATH C	21 8517 5404 24 21 21 8599 11	22 10 10 4 4 1 1 12 8 8	NT BUDGET OUPLICATE OF CLAIM-SYSTEM CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD FROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINATI DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT INNOUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	19	465	76

nn arrer							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942								
3404942	ROANOKE CHOWANH	8517	420	CLAIMS DENIED, SUBMITTED BEYON				
	UMAN SERVIC			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0510						
		8518	210	CLAIM DENIED, SUBMITTED BEYOND	14	741	1582	841
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	58	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	11	36	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	31	DETAIL NOT COVERED BY COMBINAT	3	95	123	28
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	11	DUPLICATE OF CLAIM-SYSTEM				
	1							
		1						
		1						
3404944	EASTPOINTE HUMA	8000	92	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES	1		RICE THIS CLAIM DETAIL				1
		8599	46	DETAIL NOT COVERED BY COMBINAT	60	308	4359	4051
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	41	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	11	511	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8000	267	NO RATE AVAILABLE ON FILE TO P	66	1359	6485	5126
				RICE THIS CLAIM DETAIL				
		21	235	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL	537	63	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
			1	+				t
		8000	60	NO RATE AVAILABLE ON FILE TO P	17	192	558	366
			1	RICE THIS CLAIM DETAIL	17	192	550	300
	+	1	1	+		1		
	+	1	1	+		1		
	+	8622	28	60 RESIDENTIAL LEVEL II TREATM		1		
	+	1	l -	ENT RECEIVED, PA IS REQUIRED		1		
	+	1	1	FOR ADDITIONAL SERVICE.		+		
	+	1	1			+		
3404959	DATE DOOM OF MEN	0	0	*** NO DATA TO REPORT ***		1		
	DAVIDSON CO MEN	1	1	* *		+	 	
	TAL HLTH CT		1			1		
	+		1			1		
	+	0	0			1		
	-	-	1	+	0	0	0	0
	-	1	1	+		-		-
3404979		11	667	CLIENT NOT ELIGIBLE ON SERVICE		-		-
J-1075/3	NEW RIVER AREAM	**	507	DATE		-		-
	H/DD/SA PRO					-		
	+	1	1		-	+		₩
	4	21	226	DUDY YOURD, OR OVER WOOD		1		
		21	276	DUPLICATE OF CLAIM-SYSTEM	144	1306	5175	3869
			1					
			1			1		
		8599	117	DETAIL NOT COVERED BY COMBINAT				<u> </u>
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				